

Please attach job description and completed form to _____ for each position

Section I: Company Information

Company Name: _____ Primary Contact: _____

Address: _____

Street Address

Suite

City

State

ZIP Code

Direct Phone: () _____ Fax number () _____

Title of Contact Person _____ Email _____

Alternate Contact Person _____ Phone Number _____

Alternate Email _____

Is this worksite accessible by public transportation? YES ☐ NO ☐

Section II: Position Information

Position Title _____

How many work experience participants would you like for the position? _____

Potential Work Days/Hours of Position (check all that apply and indicate hours)

Mon ☐ Tues ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐ Work Hours: _____ to _____

What approximate days may youth start and end their placements with you?

From: _____ (month/day) To: _____ (month/day)

Scheduled holidays (if any) _____

Does this position **require** any minimum knowledge, skill, or ability? YES ☐ NO ☐

If yes, please describe: _____

This is a work experience program aimed at teaching skills and positive work habits to youth ages 16-24 (minor workers have obtained appropriate work permits). Does your organization have a required minimum age for workers?

YES ☐ NO ☐

If yes, what is the minimum age? _____

Are there any unusual physical demands involved in performing the work of this position?

YES ☐ NO ☐

If yes, please describe _____

Does the performance of this position present any evident health or safety risks to the worker?

YES ☐ NO ☐

If yes, please describe _____

Please list the major responsibilities or tasks involved with this position (please feel free to attach a job description, if available, in lieu of completing this section).
